SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549 RECEIVED

JUL. U 7 2004
FORM D.

Expires: May 31, 2002
Estimated average burden
Hours per response: 16.00

SEC USE ONLY

Prefix Serial

OMB APPROVAL

3235-0076

OMB Number:

SEC USE ONLY

Prefix Serial

DATE RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Empire Capital Partners, Ltd. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE JUL 1 4 2004 E Type of Filing: ☐ New Filing A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Empire Capital Partners, Ltd. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Bank of Bermuda(Cayman) Limited, 36C Bermuda House, British American Centre, (441) 299-5311 Dr. Roy's Drive, P.O. Box 513 GT, Grand Cayman, Cayman Islands Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business To operate as a private investment Type of Business Organization corporation limited partnership, already formed other (please specify): a Cayman Islands exempted company business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 04 02 Estimated Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) FN

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

				A. BASIC IDEN	TIFICATION DATA							
2.	Ent	er the informati	on requested for th	e following:								
	o	Each promoter	r of the issuer, if th	e issuer has been organized	within the past five years;							
	0	Each beneficial of the issuer;	al owner having th	e power to vote or dispose,	or direct the vote or disposition	n of, 10% or more o	f a class of equity securities					
	0	Each executive	e officer and direc	or of corporate issuers and	of corporate general and mana	ging partners of par	tnership issuers; and					
	0	Each general a	and managing parti	ner of partnership issuers.								
Check I	Managing Part											
	Be	rnardo, Aller	ı J.									
Full Na	c/o	Bank of Bermu	da(Cayman) Limit	ed, 36C Bermuda House, B	ritish American Centre, Dr. Ro	y's Drive, P.O. Box	513 GT,					
Busines	s or R	tesidence Addre	ss (Numbe	er and Street, City, State, Zig	p Code)							
Check I	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
	Fir	ne, Scott A.										
Full Nå	c/o	Bank of Bermu	da(Cayman) Limit	ed, 36C Bermuda House, Br	ritish American Centre, Dr. Ro	y's Drive, P.O. Box	513 GT,					
Busines	s or F	tesidence Addre	ss (Numbe	er and Street, City, State, Zij	p Code)		- 					
Check I	Box(e	s) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner					
	Ric	chards, Peter	J.									
Full Na	c/o	Bank of Bermu	da(Cayman) Limit	ed, 36C Bermuda House, Br	ritish American Centre, Dr. Ro	oy's Drive, P.O. Box	513 GT,					
Busines	s or R	tesidence Addre	ss (Numbe	er and Street, City, State, Zip	o Code)							
Check I	3ox(e	s) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Na	me (L	ast name first, it	f individual)									
Busines	o Each promoter of the issuer, if the issuer has been organized within the past five years; o Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; o Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and o Each general and managing partner of partnership issuers. heck Box(es) that Apply:											
Check H	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director						
Full Na	me (L	ast name first, in	f individual)									
Busines	s or R	tesidence Addre	ss (Numbe	er and Street, City, State, Zij	o Code)							
			(Use blan	k sheet, or copy and use add	litional copies of this sheet, as	necessary.)						

					B. I	NFORMA	TION ABO	UT OFFE	RING					
1.				ne issuer int lix, Column				estors in tl	nis offering?		Yes	No		
2.	What is	the minim	um investn		ll be accept	ted from ar	ny individua			••••••••		000,000*		
3. 4.	Enter the remune agent of	ne informat ration for s f a broker o	ion request olicitation or dealer re	ed for each of purchase gistered wit	person whers in conne the the SEC	o has been ection with and/or with	or will be p sales of sec a state or	oaid or give surities in t states, list	en, directly on the offering. the name of the information in the infor	or indirectl If a perso the broker	ly, any com n to be liste or dealer.	mission or ed is an ass	ociated person or an five (5)	
Full Na	me (Last	name first	, if individu	ıal)										
		idence Ado port, CT 0689		ber and Stre	et, City, St	ate, Zip Co	ode)							
			r or Dealer	sion of SAS	CO 11:11 8°	auritias I I	C)							
				icited or In					-					
((Check "A	All States" of	or check ind	dividual Sta	ites)								States	
	(AL) X[IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] X[TN]	X[CA] [KY] X[NJ] X[TX]	[CO] [LA] [NM] [UT]	X[CT] [ME] X[NY] X[VT]	[DE] [MD] [NC] [VA]	[DC] X[MA] [ND] X[WA]	X[FL] [MI] X[OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] X[OR] [WY]	[ID] [MO] X[PA] [PR]	
Full Na	me (Last	name first	, if individu	ıal)										
Busines	s or Resi	idence Add	iress (Numi	per and Stre	et, City, St	ate, Zip Co	ode)							
Name o	f Associa	ated Broke	r or Dealer											
				icited or Int		licit Purch	asers				•	All States		
	(AL) [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Na	me (Last	name first	, if individu	nal)							<u></u>			
Busines	s or Resi	dence Add	lrešs (Numl	ber and Stre	et, City, St	ate, Zip Co	ode)	<u> </u>					·	
Name o	f Associa	ated Broke	r or Dealer						· <u> </u>					
				icited or Int lividual Sta		licit Purch	asers					☐ All	States	
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
				(Use blank	sneet, or co	ppy and use	e additional	copies of	this sheet, a	s necessary	(·)			

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Enter the aggregate offering price of securities included in this offering and the "none" or "zero". If the transaction is an exchange offering, check this box [] the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already
•		Sold
Debt	<u> </u>	\$ 0
Equity	\$500,000,000	\$3,000,000
[x] Common [] Preferred		
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	\$ 0	\$ 0
Other (Specify)	<u>\$</u> 0	\$ 0
Total	\$500,000,000	\$3,000,000
Enter the number of accredited and non-accredited investors who have purchase amounts of their purchases. For offerings under Rule 504, indicate the number aggregate dollar amount of their purchases on the total lines. Enter "0" if answer	of persons who have purchased securities	
	Number Investors	Aggregate Doll Amount of Purchases
Accredited Investors	1	\$3,000,000
Non-accredited Investors	0	\$ 0
Total (for filing under Rule 504 only)	ested for all securities sold by the issuer,	
	Туре о	f Dollar
Type of Offering	Securit	y Amount So
Rule 505		<u> </u>
Regulation A		<u> </u>
Rule 504		\$
Total		\$
a. Furnish a statement of all expenses in connection with the issuance and distri amounts relating solely to organization expenses of the issuer. The information the amount of an expenditure is not known, furnish an estimate and check the bo	may be given as subject to future conting	
Transfer Agent's Fees	[] \$
Printing and Engraving Costs	[] <u>\$*</u>
Legal Fees	[] \$*
Accounting Fees	[] \$*
Engineering Fees	[] \$
Sales Commissions (specify finders' fees separately)		1 \$
Other Expenses (identify)		x 1 \$*

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

2.

3.

Total.....

*All offering and organizational expenses are estimated not to exceed \$50,000.

[x] \$50,000.*

b. Enter the difference between the aggregate offering price expenses furnished in response to Part C - Question 4.a. Tissuer."	This difference is th	he "adju	istec	l gross proceeds to	the		\$499,950,000	
 Indicate below the amount of the adjusted gross proceeds purposes shown. If the amount for any purpose is not kno estimate. The total of the payments listed must equal the a C - Question 4.b above. 	wn, furnish an esti	mate a	nd cl	heck the box to the	eleft	of the		
				Payments to Officers, Directors, & Affiliates			Payments to Others	•
Salaries and fees		[.	. }	\$	[]	\$	
Purchase of real estate		[]	\$	[]	\$	
Purchase, rental or leasing and installation of machinery as	nd equipment	{]	\$	[] .	\$	
Construction or leasing of plant buildings and facilities		[-]	\$	[]	\$	
Acquisition of other businesses (including the value of sec involved in this offering that may be used in exchange for securities of another issuer pursuant to a merger)	the assets or	·[]	\$, [,]	\$	
Repayment of indebtedness		. []	\$	1]	\$	
Working capital		ſ	1	\$	-	1	\$	
Other (specify): Investment Capital		[x	1	\$499,950,000	ſ	ı 1	\$	
Column Totals		[x]	\$499,950,000	[]	\$	
Total Payments Listed (column totals added)				[x] <u>\$</u>	499,9	950,0	00	
I	D. FEDERAL SIC	NATU	RE					
The issuer has duly caused this notice to be signed by the under signature constitutes an undertaking by the issuer to furnish to tinformation furnished by the issuer to any non-accredited inves	the U.S. Securities	and Ex	cha	nge Commission, ι	filed upon	under writte	r Rule 505, the follo en request of its staff	wing f, the
Issuer (Print or Type)	Signature		\sim	0 0		D	ate /	
Empire Capital Partners, Ltd.	1/2	à \	, (122			6/29/04	1
Name of Signer (Print or Type)	Title of Sig	ner (Pri	nt o	r Type)				
Peter J. Richards		irecto	r					
	ATTENTION							

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	E. STA	TE SIGNATURE								
1.	Yes No 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?									
	See Appendix, Column 5, fo	or state response. Not applicable								
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable									
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable									
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable									
	issuer has read this notification and knows the contents to be ersigned duly authorized person.	be true and has duly caused this notice to be	signed on its behalf by the							
Issu	ner (Print or Type)	Signature	Date							
Em	Empire Capital Partners, Ltd.									
Nar	ne (Print or Type)	Title (Print or Type)								
	Peter J. Richards	Director	<u> </u>							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

EMPIRE CAPITAL PARTNERS, LTD.

EMPIRE CAPITAL PARTNERS, LTD. 1 2 3 4 5									
1	2	2	3		5				
·	to n accre invest Sta	Intend to sell to non- accredited investors in State Part B-Item 1) Type of security and aggregate offering price Type of investor and amount purchased in State (Part C-Item 1) (Part C-Item 2)					Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
	Shares								
State	Yes	No	Par Value US\$0.01 per share \$500,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL	105	110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		111104111		741104111		1.0
AK								· · · · · · · · · · · · · · · · · · ·	
AZ									
AR									
CA									
СО									
CT								 -	
DE			-		·			·	
DC								······································	
FL									
GA									
HI									
ID									
IL		X	X	1	\$3,000,000	0	0		
IN									
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LA									
ME				-					
MD									
MA									
MI									
MN									
MS									
МО									
MT									
NE			-				_		
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APPENDIX

EMPIRE CAPITAL PARTNERS, LTD. 2 3 5 Not Applicable Disqualification Intend to sell Type of security under State ULOE to nonand aggregate (if yes, attach accredited investors in offering price explanation of offered in state waiver granted) State Type of investor and amount purchased in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Shares Par Value US\$0.01 Number of Nonper share Accredited Accredited \$500,000,000 Investors State Yes No Investors Amount Amount Yes No NV NH NJ NM NY NC ND OH OK OR PA RI SCSD TNTXUT VT $\mathbf{J}\mathbf{V}\mathbf{A}$ WA WV WI WY PR

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